JMANN		Case 1:07-cv-05691-NR	B Documen	it 38-15	Filed	09/08/2008	Page	1 of 1		
Form 104	0	Department of the Treasury - Internal F U.S. Individual Incom		2004	(99)	IRS USE Only - D	not write or	staple in this space	9	
	ار	For the year Jan. 1-Dec. 31, 2004, or	r other tax year beginning	, 21	004, ending	. 20	O _t	(B No. 1545-0074		
Label (See	A	Your first name and initial Last name				. —		our social security number		
instructions	B		MANN		· · ·	·	14	7-78-120	9.	
on page 16.)	ا ا	If a joint return, sp. first name & initia	Last name			· 1	Spouse's so	ocial security num	ber	
Use the IRS label. Otherwise,	H E R	Home address (number and street). If you have a P.O. box, see page 16. Apt. no.					Important! You must enter			
please print or type.	Ē	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. JERSEY CITY NJ 07307					you	r SSN(s) above.		
Presidential Election Camp (See page 16.)	aign	Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?					You Spouse			
(dec page 10.)	1	X Single	g a joint retain, want t	4 Head	of househol	d (with qualifying per	son). (See pa	NO 1 Tes ige 17.) If	No	
Filing Status		2 Married filing jointly (even if only one had income) this child's name here.								
Check only	3									
one box.		and full name here.								
	6a	X Yourself. If someone can clai	m you as a depender	nt, do not chec	k box 6a			ן Boxes check	ed 1	
Exemptions	b	Spouse						No. of childe		
-	¢	Dependents:		(2) Dependent's		(3) Dependent	(4) Ck	No. of childn if on 6c who: bild ● lived with	.	
						relationship to	for chil	d you		
		(1) First name Last na	(1) First name Last name		social security number		tax cr. pg. 18)	you due to di	vorce	
						you		or separation (see page 18		
If more than fou						· · · · · ·		Dependents		
dependents, sec	2							6c not en- tered above		
page 18.								Add number		
	d	Total number of exemptions claimed						on lines above ▶	1	
	7	Wages, salaries, tips, etc. Attach Form(s) W-2				7	17,	739	
Income	8a	Taxable interest. Attach Schedule	B if required		,.,		8a			
Attach Form(s)	ь	Tax-exempt interest. Do not inclu-		<i></i>	8b			· ·		
W-2 here, Also attach Forms	9a	Ordinary dividends. Attach Schedule B if required					9a	<u> </u>	<u> </u>	
W-2G and	þ	Qualified dividends (see page 20)		<i></i>	9b	<u> </u>	_		· . ·	
1099-R if tax	10	Taxable refunds, credits, or offsets	of state and local inc	come taxes (se	e page 20)	·	10	·		
was withheld.	11	Alimony received								
If you did not	12	Business income or (loss). Attach Schedule C or C-EZ					12		028	
get a W-2,	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 14 Other gains or (losses). Attach Form 4797				۱L	13	<u> </u>			
see page 19.	14	Other gains or (losses). Attach For	m 4797				14			
	15a	Trox distributions	58 (b	l axable an	nount (see page 2				
	16a		6a	Ь]	Taxable an	nount (see page 2				
Enclose, but do not attach, any	17	Rental real estate, royalties, partner	erships, S corporation	s, trusts, etc. A	Attach Scho	edule E	17	<u></u>		
payment. Also,	18 19	Farm income or (loss). Attach School					18			
olease use Form 1040-V.	20a	Unemployment compensation Social security benefits 2		······			19	3,	<u>753</u>	
- CAN 1040-V.	20a 21		0a	& .	axable arr	iount (see page 🎨		_ `		
	22	Other income. List type and amt. (s Add the amounts in the far right co	see page 24)	ala 94 Thin is a			21	 -	464	
	23	Educator expenses (see page 26)			23	ncome	22		<u>464</u>	
Adjusted	24	Certain business expenses of reservists,	performing artists, and		24	· ·				
Gross	25	fee-basis government officials. Attach Fo IRA deduction (see page 26)	rm 2106 or 2106-F7		25		-100			
ncome	26	Student loan interest deduction (se	e page 28)		26					
	27	Tuition and fees deduction (see page	ge 29)		27					
	28	Health savings account deduction.	Attach Form 8889		28					
	29	Moving expenses. Attach Form 390	3	·····	29			-		
	30	One-half of self-employment tax. A	ttach Schedule SE	·····	30					
	31	Self-employed health insurance de	duction (see page 30)		31		7			
	32	Self-employed SEP, SIMPLE, and	qualified plans	· · · · · · · · · · · · · · · · · · ·	32		-			
	33	Penalty on early withdrawal of savir)ds	·····	33	<u> </u>		•		
	34a	Alimony paid b Recipient's SSI	N Þ	····· 3	4a					
	35	Add lines 23 through 34a				<u> </u>	35			
<u> </u>	36	Subtract line 35 from line 22. This is	s your adjusted gros	s Income		_	36	20,4	464	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 75.

Form 1040 (2004)